



**BUSINESS INFORMATION / CREDIT APPLICATION**  
**AGENCIA DE TURISMO E CARGAS AGUIAR LTDA**

R. VASCONCELOS TAVARES, 10 - SANTOS - BRASIL - 11010-110

Phone: (55)(13)3219-4500 Fax: (55)(13)3219-2471 cargas@aguiarcargas.com.br www.aguiarcargas.com.br

Company Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 Billing Address (if applicable): \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Country: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Web Site: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 Parent Company (if applicable): \_\_\_\_\_  
 Parent Company Address: \_\_\_\_\_  
 Federal Tax ID: \_\_\_\_\_ Other Governmt ID \_\_\_\_\_  
 Select one: Corporation Partnership Sole Proprietor Other \_\_\_\_\_  
 IATA: \_\_\_\_\_ Other Licenses: \_\_\_\_\_  
 Agent's Network / Associations : \_\_\_\_\_  
 Notes: \_\_\_\_\_

Name(s) of Principal(s): \_\_\_\_\_ Title: \_\_\_\_\_  
 \_\_\_\_\_ Title: \_\_\_\_\_  
 \_\_\_\_\_ Title: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Bank Reference

Bank Name: \_\_\_\_\_  
 Branch: \_\_\_\_\_ Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
 Routing Number (ABA): \_\_\_\_\_ IBAN \_\_\_\_\_ SWIFT \_\_\_\_\_  
 Account Number: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Contact Phone Number: \_\_\_\_\_ Contact Fax Number: \_\_\_\_\_

Credit References

1 Name: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country \_\_\_\_\_  
 Contact Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 Contact web site \_\_\_\_\_ E-mail: \_\_\_\_\_

2 Name: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country \_\_\_\_\_  
 Contact Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 Contact web site \_\_\_\_\_ E-mail: \_\_\_\_\_

3 Name: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country \_\_\_\_\_  
 Contact Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 Contact web site \_\_\_\_\_ E-mail: \_\_\_\_\_

The signature below represents and warrants that (a) the party signing below is an authorized representative of the company, and (b) that the information provided herein is a complete and accurate representation of the company's financial situation as of the date hereof. Any misrepresentation or fraudulent information provided will be basis for default under this agreement. By signing this form, I expressly authorize Agencia de Turismo e Cargas Aguiar Ltda. to contact the above references to determine credit worthiness.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Business Title \_\_\_\_\_

Email: \_\_\_\_\_